Periscope.

CLINICAL NEUROLOGY.

Surdite corticale avec paralexie et hallucinations de l'ouie (des kystes hydatiques du cerveau) (Cortical Deafness with Paralexia and Hallucinations of Hearing, due to Hydatic Cysts of the Brain). P. Serieux and R. Mignot (Nouvelle Iconographie de la Salpêtrière, 14 Year, No. I, Jan. Feb., 1901, p. 39).

Man 75 years old, eight years previously had for the first time an epileptiform attack. For the last two years subject to periodic convulsive crises, followed recently by psychical symptoms, lasting three or four days. On November 30, 1900, following an epileptic attack, the following train of symptoms was observed: total deafness, maniacal excitement, hallucinations of hearing and sight. The patient presents neither motor aphasia, word-blindness, nor paraphasia, in spontaneous speech. The deafness of cortical origin was accompanied by paralexia, loss of comprehension of words read to him, and disturbances of writing. The maniacal excitement and hallucinations ceased in a short time, but the cortical deafness persisted until the patient's death, three weeks after the last attack. Autopsy showed the presence of more than twenty hydatids in the cerebral hemispheres; six of which were in the temporal lobe. The cortical deafness was based upon the following conditions: the patient is completely deaf both to sounds and to spoken words, he obeys no order, and comprehends nothing spoken, though he pays attention and attempts to listen. The osseous perception is likewise abolished. The autopsy findings confirm this diagnosis, as follows: There is a cyst at the posterior extremity of the first temporal in the right hemisphere, and in the temporal region of the left hemisphere there are five, one in T^1 in the anterior half, two in T^2 middle region, and a cyst in T^3. There exists little observation in regard to bilateral deafness due to lesions in T^1. In those of Wernicke and Friedlander, sensory aphasia coexisted. The etiological factor in this case was the presence of hydatid cysts, recognized as such by their contents and by their walls. They were for the most part superficial in location, as is usually the case in cysts of the brain. They presented a certain degree of symmetry; the temporal lobe, the Rolandic zone and frontal pole being involved on both sides. About one-fourth of the parasites were dead. They had existed a long time before producing any symptoms. Schwab.

The Danger of Spinal Anesthesia. J. V. Shoemaker (Journ. Am. Med. Assoc., Nov. 24, 1900).

The author in reviewing this subject, says that he has seen a single injection give rise to symptoms of respiratory failure. The procedure is also productive of pain. In order to avoïd this effect, Bier and others have employed Schleich's infiltration anesthesia as a preliminary measure. In some cases chill and fever have followed the injection. Severe and long-continued headache is not uncommon. Distressing nausea and vomiting have also been excited. Exceptionally staggering gait and sharp spinal pains were experienced on the day following the injection. In some patients profuse sweating, and in others marked debility have occurred. In certain cases anesthesia was not produced by the operation, therefore great caution in the use of this method should be exercised.

JELLIFFE.

ETUDE SUR L'OPHTHALMOPLEGIE CONGENITALE (Opthalmoplegie Complex. (Study of Congenital Opthalmoplegia). Cabannès and B. V. Barneff (Nouvelle Iconographie de la Salpêtrière, 13th Year, No. 6, p. 615).

From a clinical point of view congenital paralyses of the ocular muscles can be divided into, (a) Isolated paralyses; (b) associated paralyses; (c) complex paralyses. Under (a) are included congenital ptosis, congenital strabismus; under (b) combined paralysis of the levator and superior rectus, internal rectus of one side, external rectus of the other; congenital ptosis associated with abnormal movement in opening the jaw where the eyelid tends to become elevated; under (c) formed by the union of the following: ptosis, paralysis of the superior rectus, paralysis or paresis of the internal, external, or inferior recti, paralysis or paresis of the oblique (rare), with integrity of the internal eye muscles (sphincter of the pupil and ciliary muscle). These latter can be designated as complex paralyses. The case: Infant 28 months; no syphilis, or neuropathic history in parents. The child was born normal, but the eyes remained closed for fifteen days after birth, when the eyelids began to move automatically. It seemed even then that one of the eyelids was raised sooner than the other. At 19 months the parents noticed the immobility of the eyeballs. Vision was normal. At the age of 3 years the condition was found to be the same; mobility of the eyes and the lids did not appear to be improved. An analysis of the forty cases found in literature is added by the authors. The pathology of congenital ophthalmoplegia is yet unsettled on account of the rarity of postmortems on these cases. There are in the main two theories, the nervous and the muscular. The former teaches that there is a faulty development of the bulbar nuclei which preside over the motor nerves of the eye; the latter teaches that the seat of the process is in the muscles themselves. The authors believe in conclusion that a rarer form of congenital ophthalmoplegia exists of which this case is a type, and they give it the name of complex ophthalmoplegia (Ophthalmoplegie complexe).

SCHWAB.

HYPERTROPHIE OSSEUSE DANS UN CAS D'HEMIPLEGIE INFANTILE AVEC ATHETOSE-CHOREE (Bony hypertrophy in a case of infantile hemiplegia with athetosis-chorea). Lannois et Fayolle (Lyon médical, Nov. 18, 1900).

The introduction of radiography has enabled the authors to demonstrate the rare condition of bony hypertrophy in case of hemiathetosis due to cerebral apoplexy in infancy. A case had already been reported by Lannois in 1898, because one of the breasts had undergone hypertrophy. At that time it was stated that the pareto-athetotic muscles had undergone hypertrophy. The authors' case already alluded to, together with a hemiathetotic epileptic, were selected for radiographic measurement. Both these cases had distinct muscular hypertrophy, but radiography failed to reveal any corresponding changes in the bones. In a third case of the same nature, however, not only the muscles, but the bones were hypertrophic. The wrist